Effective October 1, 2003 10796/62													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
7	OTAL CLAIMS	· ·	24					RATE	FEE	7	RATE	FEE	
F	OR		NUMBER FILED		NUM	BER EXTRA	٠	BASIC FE	<del></del>		BASIC FEE		
T	OTAL CHARGE	ABLE CLAIMS	24 minus 20=		• (			VE 0	+		<del> </del>		
IN	DEPENDENT C	CLAIMS	/ minus 3:=		•			X5.9=	34	OR	X\$18=		
-		NDENT CLAIM P						X43=	43	OR	X86=		
L				·				+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	1/22/07	CLAIMS REMAINING AFTER AMENDMENT	MAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	- 2	4	•		X\$ 9=		OR	X\$18=		
AM	independent	+ <i>y</i>	Minus	<b></b> 9	-	*		X43=		OR	X86≈	•	
- TO THE SECOND STATE OF T								+145=		1	+290=		
(12 19 23							L	TOTAL		OR	· TOTAL		
		(Column 1)		(Ca)	<u>.</u>	<b>10</b> -1 01	A	DDIT. FEE		OR,	NOON, FEE		
_	1	CLAIMS		(Colum	ST	(Column 3)	_		A001	1 f			
AMENDMENT B	1/23/07	REMAINING AFTER AMENDMENT		PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 27	Minus	- 24	(	· 3		X\$ 9=	25.00	OR	X\$18=		
	Independent FIRST PRESE	iRST PRESENTATION OF MULTIPLE DEP		ENDENT CLAIM				X43= ·		OR	X86=		
					<del></del>	<del></del>	L	+145=		OR .	+290=		
8/14/07 (Column 1) (Column 2) (Column 3)							· A	TOTAL DOIT. FEE	75.00	QR ,	TOTAL ODIT. FEE		
- 1	14/0/	(Column 1)		(Columi HIGHE		(Column 3)					•		
5 L		REMAINING AFTER AMENDMENT.		PREVIOU PAID FO	R	PRESENT EXTRA	ſ	RATE	ADDI/ TIOMAL FEE	I	RATE	ADDI- TIONAL	
	Total	. 27	Minus	- 2	7		T	XS 9=			VE18-	FEE	
	Independent		Minus	4		•	-	-/		OR	X\$18=	<b></b>	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	MIA			X436		OR	X86=		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												·	
-11	the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THE d For IN THE	S SPACE is it S SPACE in it	ess than	20, enter "20."		TOTAL DIT. FEE			TOTAL DOIT, FEE		

10

D. D.

Application or Docket Number